



## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND UTILITY DISCOUNT PROGRAM (UDP) APPLICATION

Please complete the information below. Incomplete or missing information may result in denial or delay of your application. Please submit this application, **along with copies of your proof of income, social security cards for all household members, and gas, electric utility, and water bills.**

1. Social Security # \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ 3. Application Date \_\_\_\_\_ 4. Gender: ( ) Male ( ) Female

5. Applicant Last Name \_\_\_\_\_ 6. Applicant First Name \_\_\_\_\_ 7. M.I. \_\_\_\_\_ 8. Contact Number \_\_\_\_\_

9. Street Address \_\_\_\_\_ 10. Apt # \_\_\_\_\_ 11. Zip Code \_\_\_\_\_ 12. Ward \_\_\_\_\_ 13. ANC \_\_\_\_\_

14. Is this a temporary address? ☐ Yes ☐ No

15. Type of dwelling: ( ) Single Family ( ) Multi-Family 16. Are you the homeowner? ( ) Yes ( ) No

17. Primary Heating Source: ( ) Electric ( ) Gas ( ) Oil ( ) Other \_\_\_\_\_ 18. Is heat included in your rent? ( ) Yes ( ) No

19. Pay this vendor [select one (1)]: ☐ PEPCO ☐ Washington Gas ☐ C&M Oil ☐ Griffith Oil ☐ Other \_\_\_\_\_

20. Account Number: \_\_\_\_\_

21. Total Household Size: \_\_\_\_\_ 22. Total Household Income: \_\_\_\_\_  
☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Annually

23. Household member \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Disabled? \_\_\_\_\_ Income \_\_\_\_\_

24a. Household member \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Disabled? \_\_\_\_\_ Income \_\_\_\_\_

24b. Household member \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Disabled? \_\_\_\_\_ Income \_\_\_\_\_

*See back to include additional household members.*

### 25. **PEPCO**

Vendor Name \_\_\_\_\_ Electric Account # (Residential Aid Discount - RAD) \_\_\_\_\_ Billing Name \_\_\_\_\_

### 26. **Washington Gas**

Vendor Name \_\_\_\_\_ Gas Account # (Residential Essential Services - RES) \_\_\_\_\_ Billing Name \_\_\_\_\_

### 27. **DC Water**

Vendor Name \_\_\_\_\_ Water Account # (Customer Assistance Program - CAP) \_\_\_\_\_ Billing Name \_\_\_\_\_

**See back to complete application and provide signature.**





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24c. Household member	SSN	Age	Disabled?	Income
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24d. Household member	SSN	Age	Disabled?	Income
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24e. Household member	SSN	Age	Disabled?	Income
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24f. Household member	SSN	Age	Disabled?	Income
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24g. Household member	SSN	Age	Disabled?	Income
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(Optional)

28. Primary Language: (circle one)

☐ Amharic   ☐ Chinese (Mandarin or Cantonese)   ☐ French   ☐ Spanish   ☐ Vietnamese

29. Email address: \_\_\_\_\_

### Application Affirmation and Authorization to Verify Income:

30. I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DDOE permission to contact any parties necessary to verify the information that I have provided.

31. I understand that I will be notified in the event that energy assistance funding is no longer available or if this application is denied.

32. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DDOE and entities acting on behalf of DDOE to assess the effectiveness of services provided to consumers by DDOE.

33. **Release:** I   DO   **DO NOT** hereby grant permission to DDOE to provide information in my file to utility companies and Eligible Telecommunications Carriers (ETCs) for rate classification purposes and marketing for the Utility Discount Programs (UDP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis.

31. Signature

Date

I understand that I am obligated to pay my utility bills, regardless of approval or disapproval of this application.

DISTRICT  
DEPARTMENT  
OF THE  
ENVIRONMENT



green forward